PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number.

10759741

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			3					RATE	FEE	7	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		*	BASIC FEE	385.00	OR			
TOTAL CHARGEABLE CLAIMS			3 mir	านร 20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 mi	inus 3 =	*			X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	770.00	
	С		MENDED - PART II					SMALL	NTITY	OR	OTHER SMALL E	THAN	
(Column 1)			7	(Colun		(Column 3)		SIVIALL		Un •	SWALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	Á.A	<u>.</u>	=	X\$ 9=		OR	X\$18=			
AME	Independent	* ENTATION OF MU	Minus	***	· C' AIAA]= .		X43=		OR	X86=		
لـــا	FIRST PRESE	NIATION OF MIC	JUNPLE DEF	PNDEN	CLAIM			+145=		OR	+290=		
								TOTAL			TOTAL		
								ODIT. FEE		On	ADDIT. FEE		
		(Column 1) CLAIMS	7****	(Colun		(Column 3)	1 _	·					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		ŧ		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	· C' AIM			X43=		OR	X86=		
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] [+145=		OR	+290=		
							L	TOTAL		OP.	TOTAL		
ADDIT. FEE													
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER DUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145_			.000_		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE									OR	ADDIT. FEE			
		ber Previously Paid					er four	nd in the app	ropriate box	in col	umn 1.		